



Please type a plus sign (+) inside this box -> +

PTO/SB/05 (12/97)
Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	231/19	8 Total Pages	s 2
First Na	med Inventor or	Application Identifier	
Margolis,	et al.		
,	7714	304256665 116	•

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. EM 104356665 US

	PLICATION ELEMENTS oter 600 concerning utility patent application	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231			
1. X Fee Transmittal Form (Submit an original, and a duplicate for fee processing) 2. X Specification [Total Pages] 75 1			6. Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. Assignment Papers (cover sheet & document(s)) 9. 37 CFR 3.73(b) Statement (when there is an assignee) 10. English Translation Document (if applicable) 11. X Statement (IDS)/PTO-1449 Copies of IDS Statement (IDS)/PTO-1449 Citations 12. X Preliminary Amendment 13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. Small Entity Statement filed in prior application, Statement(s) (If foreign priority is daimed) 16. X Other: Sequence Listing Statement.		
reference therein. 17. If a CONTINUING APPLICATION, check appropriate box an Continuation X Divisional Continuation-in-part (6				UO .	,363,215
	<u> </u>				
18. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)					
	Richard J. Warburg				
NAME	NAME				
633 West Fifth Street, 47th Floor					
ADDRESS					
CITY	Los Angeles	STATE	CA	ZIP CODE	90071-2066
COUNTRY	U.S.A.	TELEPHONE	(619) 552–8400 FAX (619) 552–0159		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/29 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CLAIMS		(0) NI IMPED SILED	(A) NUMBER EVERA	(A) DATE	(5) CALCULATIONS
	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCOLATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	-20 =	0	x \$=	\$ -0-
	INDEPENDENT CLAIMS(37 CFR 1.16(b))	-3 =	1	x\$ <u>82.00</u> =	82.00
	MULTIPLE DEPEND	ENT CLAIMS (if applicat	ble) (37 CFR 1.16(d))	+ \$=	- 0-
				BASIC FEE (37 CFR 1.16(a))	790.00
			Total of a	bove Calculations =	872-00
	Reduction by	50% for filing by small	entity (Note 37 CFR 1.9, 1.2	27, 1.28).	
				TOTAL =	872.00
 6. Small entity status: a. A small entity statement is enclosed. b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired. c. Is no longer claimed. 7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 12 - 2475 a.					
		***************************************		·····	
NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.					

NOTE:	The prior application's correspondence address will carry over to this CPA
NOTE:	UNLESS a new correspondence address is provided below.

10. NEW CORRESPONDENCE ADDRESS						
☐ Custome	er Number or Bar Code Label			ach bar code label here)	or [■ New correspondence address below
NAME						•
ADDRESS						
CITY .			STATE		ZIP	CODE
COUNTRY		TEL	EPHONE			FAX

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Sheldon O. Heber	Reg. No. 38,179		
SIGNATURE	Sheleh Ah			
DATE	January 23, 1998			